

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
	1	/						51							
2	/						52								
3	/						53								
4	/						54								
5	/						55								
6	/						56								
7	/						57								
8	/						58								
9	/						59								
10	/						60								
11	/						61								
12	/						62								
13	/						63								
14	/						64								
15	/						65								
16	/						66								
17	/						67								
18	/						68								
19	/						69								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	12						TOTAL DEP.								
TOTAL CLAIMS	+	+					TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS